

FOR GRANT APPLICATIONS \$2,000 OR MORE**Office Use Only****Date of Board Meeting:****Agenda Item No.** **New Grant****Section 1: General Information:** **Continuation**Grant Start/End Dates: July, 2011-July, 2014 Application Deadline: 2-07-2011 Grant Amt: \$325,000Funder's Grant Title: Public Charter School Grant Program Your Grant Title: SKY Academy Charter School applicatione.g. Weller Teacher Mini-Grant, Building Blocks for Success, etc. c.g. Up, Up and Away, Exploring Our Heritage, Young Galileos, etcGrant Writer: Julia Steele School/Dept. SKY Academy/RAE Phone 941-375-9104 Ext _____Grant Contact Person* Deborrah Metheny School/Dept RAE-Choice Phone 941-927-9000 Ext 32171
Charter

*This is the school/district-based person who is in charge of the grant.

Schools/Programs to be served by this grant	# of staff impacted	# of students impacted	# of parents impacted
SKY Academy Charter School	50	450	450

Does this grant require matching funds? Yes No If yes, what amount? _____ How will these funds be raised? _____**Grant Description****Please fill in all blanks.****Do not refer to attachments in your summaries.****Do not attach separate sheets.**Briefly summarize the overall **purpose/objective** of the grant and indicate how this grant will contribute to the needs and goals of your School Improvement Plan and/or District Plan. *(Not grant activities)*

The purpose of the grant is to provide start up funds for a new charter school with a mission of increasing student achievement of middle school students through a blending of physical activity, wellness concepts and academic rigor. The grant funds will be used for planning and the first phases of implementation of the new school. The objectives include preparing staff, equipping facilities, recruiting students and finalizing processes.

Briefly list **grant program activities** (*what is going to be done with the grant funds*):

The grant funds will fund salaries for administrative and clerical staff to meet with parents and hire staff. In addition, salary dollars will be used to appropriately register students into the district system. Recruitment activities, teacher preparation, purchase of equipment and supplies and preparation of instructional materials will be included.

Please provide a **brief** explanation of pertinent **budget items** that will be funded through this grant. (*Please indicate if funds will be used for new/old staff position, contracted services, travel, materials/supplies, equipment/furniture, facilities, and other applicable items.*)

Funds will be used for salaries, contracted services, travel associated with staff development and recruitment, equipment and furniture, professional development, materials and supplies and other needs associated with the start up of a new school.

How will grant activities be continued after the end of grant period? General fund allocations.

Dr. Natalie Roca

Print Name of Cost Center Head



Signature of Cost Center Head

2-2-2011

Date

Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings

Please Type or Print in Ink

GAF: Grant Approval Form

Section Two: Summary for grants over \$2,000.

(These grants require School Board approval and must be placed on the School Board Agenda by Grants Office staff.)

Fiscal Management will be done by:

- District Finance Office
- School Internal Account
- Other (name): _____

Project number, if known: _____

- Entitlement/Flowthrough
- Competitive/Discretionary
- Continuation
- Other: _____

Fund Source:

- Federal: Indirect cost \$ _____
CFDA # _____
- State
- Local Foundation
- Other:

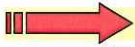
Name of Primary Fund Source	Funder's Contact Name	Funder's Address	Phone Number	\$ Amount
Florida Dept. of Education	Florida Dept of Education Office of Grants Management	Room 325, Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400	850-245-0496	\$325,000



**NOTE: If MAJOR TECHNOLOGY is part of this grant:
(does not include cameras, DVD players, etc.)**

Your school technology support personnel must review the physical capabilities of the area involved and agree that no additional wiring or electrical work, beyond what is provided through the grant, will be needed to complete the project. Please have your technology support staff member sign off on your project here.

Technology Support Staff



NOTE: If your project involves CONSTRUCTION or requires RETROFITTING space:

Please call Jody Dumas to discuss your project and receive approval to go forward with your proposal. He can be reached at 361-6311 ext. 68824. If approved, you will need to create a memo for his approval and signature, to be included with your GAF.

Thank you. Please call ext 927-9000 ext. 32172 with questions.

GRANTS OFFICE USE ONLY

Section Three: Signatures

Grants Office personnel will obtain applicable signatures in this section

Callejano-Vonfile
*DISTRICT DIRECTOR OF TECHNOLOGY INFORMATION SERVICES

Foley/Dumas/Vonfile
*DIRECTOR OF FACILITIES SERVICES

[Signature]
RESEARCH, ASSESSMENT & EVALUATION (RAE)

Cannon-Vonfile
DIRECTOR OF BUDGET

[Signature]
*EXECUTIVE DIRECTOR OF ELEMENTARY, MIDDLE, OR SECONDARY

n/a
ASSOCIATE SUPERINTENDENT

[Signature]
SUPERINTENDENT

*Signatures needed only if applicable.

Send this completed form and 1 copy of your grant to the Grants Office, Research, Assessment, and Evaluation-Landings